

**CALIFORNIA MENTAL HEALTH PLANNING COUNCIL
MEETING HIGHLIGHTS
APRIL 20 AND 21, 2006
EMBASSY SUITES, EL SEGUNDO**

Planning Council Members Present

Beverly Abbott	Renee Becker	Jorin Bukosky
Jim Bellotti	Doreen Cease	Adrienne Cedro Hament
Shandy Dittman for Mike Greenlaw	George Fry	Lana Fraser
Luis Garcia	Karen Hart	Celeste Hunter
Diane Koditek	Carmen Lee	Susan Mandel, PhD
Barbara Mitchell	Joe Mortz	Dale Mueller, EdD, RN
Jonathan Nibbio	Brandon Nunes	John Ryan
Daphne Shaw	Walter Shwe	Stephanie Thal, MFT
Edward Walker, LCSW	Barbara Yates, MD	

Staff Present

Ann Arneill-Py, PhD
Brian Keefer
Cindy Walker
Connie Lira
Tracy Thompson
Nancy Stoltz
Mary Parker

Thursday, April 20, 2006

Beverly Abbott, Chairperson, noting that a quorum was present, convened the meeting at 1:05 p.m.

Presentation on Recovery, Wellness, and Resilience

Mark Ragins, MD, The Village, Long Beach; John Travers, California Network of Mental Health Clients; and Pamela Hawkins, United Advocates for Children of California (UACC), gave a presentation on recovery, wellness, and resiliency. Hawkins' power point presentation, "The Youth Development Process: Resiliency in Action," is included as Attachment A.

- Comment: The Los Angeles County Office of Education employs the Boys and Girls Town Behavior Modification Program, which uses positive reinforcement and positive consequences. It is an excellent program that could benefit school districts in the State.

Service Planning: Aligning the Letter of the Law with the Spirit of Recovery

Ed Diksa, ScD, Director of Training, California Institute for Mental Health (CIMH) and Rowena Gillo-Gonzales, LCSW, Division Director, Orange County Programs, Pacific Clinics spoke to the Planning Council on Moving to Recovery and Person-Centered Practice and the trainings the CIMH will be conducting in the counties. The power point presentation is included as Attachment B.

Comments/Questions and Answers

- Question: Regarding the trainings, how will family members, consumers, and youth be included? Answer: The CIMH plans to ensure that local consumer groups, mental health boards and commissions, and local family groups are notified. There have been discussions

about using this method of service planning with transition age youth as it might prevent people from entering the system long term.

- Comment: Kern County and Pacific Clinics have developed an excellent set of philosophies for transformation, recovery, and service plans.
- Question: How will you keep track of baseline data? Answer: One discussion has centered on the possibility of building outcome measures into the design of the service plan.
- Comment: Many programs are being required to use the Homeless Management Information System, a data collection program supported by Housing and Urban Development and designed in a way that the data being entered matches the performance outcomes. A recommendation was made to look at this system as a model; one in particular is in Santa Clara County.

Beverly Abbott adjourned the meeting at 4:35 p.m.

Friday, April 21, 2006

Beverly Abbott, Chairperson, noting that a quorum was present, convened the meeting at 8:35 a.m.

Approval of the Minutes of the January 2006 Meeting

Minutes of the January 2006 Planning Council meeting were approved as submitted.

Approval of the Executive Committee Report

The Planning Council approved the Executive Committee report as presented. Please refer to the minutes of the Executive Committee for further details.

- Carmen Lee raised the issue about the difficulty some people have with questions on the application for appointment to the Planning Council that relate to very private, personal history information. A recommendation was made to develop a brief cover letter to provide an explanation of why information is being requested and assures the applicant that information obtained is strictly confidential. The cover letter could also be posted on the Planning Council's website along with the application. Carmen Lee, Renee Becker, and any other volunteers from the Planning Council can work with staff on developing a cover letter for the application.
- Barbara Yates suggested, based on the success of the dinner for Bev Whitcomb, that the Planning Council schedule a social get-together once every year or two.

Report from the Department of Mental Health

Robert Garcia, Chief Deputy Director, Department of Mental Health (DMH), provided the following report on the activities of the DMH:

State Budget Issues

- Senate and Assembly Budget Hearings have taken place. Most of the mental health items were left open. The new Executive Director of the Oversight and Accountability Commission (OAC) reviewed the DMH initial budget proposal to determine if it met the OAC's needs. As a result of that review, the DMH is asking for some additional resources for the OAC for meetings, travel, and resources for expert witnesses to attend some of its meetings.
- The work being done on AB 3632 has been managed, up to this point, at the Governor's Office, and the DMH is waiting for the May Revision to be released for further information on

funding this program. The sense the DMH is getting from the Governor's Office is that it wants to fund these services in a more effective and efficient way. At some point there will need to be discussions with stakeholders about the program.

- The budget hearings included discussions regarding the DMH audits of the EPSDT program at the local level. The DMH is auditing legal entities. For the past year, the DMH has been taking the results of the audits and extrapolating them to the caseload. The DMH reviews various services and then extrapolates by service. Providers and some counties are concerned that the extrapolation method the DMH is using is not fair. The DMH has been meeting with stakeholders about changes in the audit and extrapolation methodologies. Garcia expects the DMH to report on the status of making modifications, if any, to the EPSDT audit process at the next Senate hearing scheduled for May 8th.
- Regarding additional resources requested for the Planning Council, the expectation is that the Legislature will approve those items in the MHSA budget.

State Hospitals

- The DMH is close to signing the Consent Decree in the Civil Rights of Institutionalized Persons Act (CRIPA) investigation by the Department of Justice. The DMH has budgeted approximately \$43 million for next year but anticipates getting less than that because it will take time to fill the 400 positions to enhance services at the state hospitals.

Pending Court Cases

- Katie A. v. Bonta alleges that the Department of Social Services (DSS) and Department of Health Services (DHS) are not providing wraparound services and therapeutic foster care to youth in the foster care system. The court issued a preliminary injunction in March requiring that the DMH begin to provide those services. The DMH is working with DHS and DSS to respond to the preliminary injunction.
- Emily Q. v. Belshe involves the provision of Therapeutic Behavioral Services (TBS) for youth in the EPSDT program. An order has been issued, which the DMH is appealing, but may result in some additional services funded through EPSDT.
- Conlan v. Shewry involves not only mental health services but all Medi-Cal services. The plaintiffs are asking that people who apply for Medi-Cal and who incur costs before their eligibility is determined be reimbursed for those costs. The DHS is working with DMH and other departments responsible for Medi-Cal services.

MHSA Implementation

- To date, the DMH has received 44 county Community Services and Supports (CSS) plans. The DMH has approved seven plans and close to approving another six or seven in the next couple of weeks. The seven plans approved are Stanislaus, Los Angeles, Kern, San Mateo, Placer, Monterey, and San Francisco.
- The CSS budget in the first three years is approximately \$320 million. The DMH has approved approximately \$89 million in funding thus far.
- The DMH has hired a manager, Warren Hayes, who is responsible for managing the implementation of the education and training component of the MHSA. He has developed an outline for developing a plan and hopes to be close to having a 5-year plan next year.
- The DMH is going to rely on the knowledge and work that the Human Resources Committee has done on education and training and workforce development to determine

the needs and how those needs might be met. If the Planning Council sees the DMH going in another direction, Mr. Garcia recommends contacting himself or Warren Hayes to resolve any differences.

- The DMH is in the process of recruiting for a manager for the Prevention and Early Intervention Program. In the meantime, Rollin Ives, Deputy Director of the Program Compliance Division, has hired a supervisor to do some preliminary work on the Prevention and Early Intervention component.
- Capital Facilities and Technology. Discussions have taken place for a housing initiative that would provide permanent housing for persons with severe mental illness. Darrell Steinberg, Chair of the OAC, has talked about taking a portion of the MHSA funding for a housing bond for homeless mentally ill for approximately \$1.5 billion. At this point, the DMH cannot use MHSA funds for a bond without going back to the voters, so a bond initiative is unlikely. Other possibilities include taking some of the MHSA capital funding and dedicating it to housing to create a pool of funds that would build up over 20 years as opposed to having a large amount of money up front. Recent discussions include using \$75 million a year for housing, which is a large portion of the 20 percent of CSS dollars that can be used for Capital, IT, Education and Training, and reserves. The DMH is relying on CalFHA to help with the housing element. The DMH is working on developing requirements for an Electronic Health Record and for the long term believes that is what needs to happen in order for the system to be effective.
- In general, the DMH has advocated that it needs to have a pretty large reserve for the MHSA. The revenues that we rely on for this are very volatile. Building programs that are reliant on a funding source that could suddenly disappear could result in major reductions in services. The DMH has talked about the need to create a large reserve. Garcia advocates for approximately 50 percent of what services would cost for a full year. A smaller reserve will be needed for Prevention and Early Intervention.

Other Issues

Steve Mayberg is working on filling the Planning Council vacancies before the next meeting.

Comments/Questions and Answers

- Question: Mandel requested more dialogue on the issue of whether the education and training funds are one-time money or not. The legislation states that if after first three years it can be demonstrated that there is a continuing need for workforce development and training that up to 10 percent of the CSS money can be set aside to do that. Everyone needs a common understanding of the issue. Answer: Garcia stated the DMH does not disagree. The MHSA states that up to 20 percent of the CSS money can be used for education and training, capital facilities, technology and a reserve after the first three years with a lot more flexibility in the first three years. The DMH needs to work with the counties as they have a major role in what happens with MHSA funds and to develop programs that everyone supports.
- Question: Karen Hart asked if there is going to be stakeholder input, particularly from family members, in addressing the Katie A. lawsuit. Answer: The plan would be to have some kind of stakeholder process but Garcia is not sure who would be in the lead. The order requires, within 74 days, a report back to the judge on the status of implementation and before that happens there has to be a meeting with the plaintiffs before involving

stakeholders. The DMH does see the importance of stakeholders in the process but how to do that is yet to be determined. DMH will probably not be the lead agency.

- Adrienne Cedro Hament made a motion that the DMH, at a future meeting, give a report on the status and outcomes of the Latino Access Study. Joe Mortz seconded. Karen Hart made a motion to table this issue until the Planning Council could have a fuller discussion at a more appropriate time. The motion was tabled.
- Ed Walker asked whether the DMH is doing an analysis on the criminal justice clients and providing that information back to the counties for their local MHSA planning. There may be an opportunity to do some interventions on persons with mental illness that are caught in the criminal justice system and its effect on state hospitals. Secondly, looking at Katie A. and Emily Q., and the probable expansion of the scope of services or broadening of definitions of what is a reimbursable activity under Medi-Cal, Walker asked how that is going to get resolved due to the Inspector General's Office's perspective of a narrowing of the definitions of what meets medical necessity. There seems to be a clash underway and maybe stakeholder involvement could help with that. Walker requested that the DMH keep the Planning Council apprised of the above issues.

Public Comment

Theresa Boyd, Vice-Chair, Orange County Mental Health Board

- Ms. Boyd stated that the Orange County Mental Health Board (MHB) convened a committee to address the need for LPS treatment of inmates with mental illness. The committee includes members of the Orange County MHB, a Sheriff from Orange County, and a jail representative. The jail is a designated facility, meaning it is a place to house inmates with a mental illness, but it is not licensed by the State Department of Health to treat or medicate inmates, and there is no LPS process. There is a great need to develop some solid solutions to work with mental health and law enforcement on how to treat patients in the correctional system. Mark Refowitz, Orange County Mental Health Director, is working to correct this issue within his scope of influence and committee work. The Board of Supervisors is ready to take any legislative action within its power. Ms. Boyd stressed that this is a statewide problem.

Hank Lee, Sacramento County Mental Health Board and Family Member

- Mr. Lee emphasized the public comments he made at the January 2006 Planning Council meeting regarding the issue that Sacramento County Mental Health Board approved the CSS Plan, but it did not recommend the funding to pay for law enforcement. Also, Mr. Lee suggested at the January meeting that the Planning Council review this issue and provide guidance to the DMH.
- Bev Abbott responded that the Policy and System Development Committee is looking into that issue further.

Dr. Nick Andonov, San Bernardino County Mental Health Board

- Dr. Andonov discussed the lawsuit against the Department of Social Services (DSS) and the Department of Health Services (DHS) regarding inadequate care for children. It puzzled Dr. Andonov because foster care services are the responsibility of the Department of Children's Services and not DSS or DHS. Dr. Andonov requested the Planning Council to follow up on this issue.

Mariko Kahn, Director of Pacific Asian Counseling Services

- Ms. Kahn spoke passionately about the EPSDT audits because this extrapolation system is going to cost the community based organizations (CBO) so much money. Ms. Kahn stated that one agency had a \$700 disallowance, which when extrapolated, came out to \$440,000. Ms. Kahn stated that her agency will be closing if it has to pay that rate of extrapolation. MHSA dollars will mean nothing if her agency does not have the money to operate. Secondly, Ms. Kahn spoke about the education and training component and that the DMH may have a plan or guidelines in a year. This issue needs to be moved up on the agenda. Even the DMH cannot function unless it has competent and culturally sensitive staff. Ms. Kahn hopes the Planning Council and the DMH understands the dire needs of the CBOs.

Barbara Lurie, California Endowment

- Ms. Lurie is working on a project to enhance and increase integrated behavioral health care in primary care settings. This is necessary for a number of reasons, one of which is it identifies more people who come to their primary care physician. Many of them do not go to mental health. Ms. Lurie asked what the State or the Planning Council doing about this issue, if anything. Currently, the project is in its cognizant phase. The California Endowment will be able to provide funding to make this integration happen.
- Arneill-Py stated that the Adult System of Care (SOC) Committee reviewed the recommendations in the Master Plan. One of those recommendations is to promote the integration of primary care and mental health services. The committee was doing this in the context of what it is going to advocate for in stakeholder meetings for continued implementation of the MHSA and that is going to be a recommendation that the Planning Council will push for, both the Prevention and Early Intervention programs and in the Innovative Programs. The Adult SOC has had presentations in developing and identifying models for doing that. Solano County is an excellent example of how that can be done, so the Planning Council is accumulating information on the integration of primary care. The Older Adult Committee also has received information on it because it is a Best Practice in how to do outreach and provision of services for older adults. The Planning Council would be happy to work with Ms. Lurie on implementation efforts.
- Susan Mandel added that this issue is also a part of the Planning Council's workforce development issue as far as reaching out and serving underserved populations. The Human Resources Committee has had several presentations about how effective this is in the Latino communities, specifically, so it is interested in training people who could work more effectively within the integrated setting.

Report from the California Mental Health Directors Association

Diane Koditek reported on the following California Mental Health Directors Association (CMHDA) activities:

- The intersection of funding issue is difficult as funding is eroding, particularly in realignment, while the MHSA is being implemented. It continues to be a concern because of growth in Social Service and In-Home Supportive Services caseloads. The CMHDA is going to do an updated survey to look at the expectations of transfers in counties to other accounts in this current year, whether or not there is any county overmatch that is being provided to the mental health program, and any funding gaps due to the lack of growth in realignment. .

- The CIMH is providing consultation and technical assistance to several counties, and they are also anticipating there will be a contact made by several emeritus mental health directors who will be asking DMH for a conference call to discuss MHSA budget issues as they pertain to small counties.
- Don Kingdon, Shasta County Mental Health, will be joining the CMHDA staff starting May 1st, as the Deputy Director of CMHDA and as Small County Liaison.
- Discussions at the last Governing Board meeting included supporting the Planning Council's urging that DMH look at some short term and more immediate workforce solutions, and would offer to provide some of the kinds of strategies that counties may already be implementing or be capable of implementing to help deal with this issue.
- One of the barriers is documentation and planning for recovery-oriented services in a system that has had more of an audit conscious and illness-related documentation process. Both community based agencies and county staff need to have that same level of information and training in order to better support recovery-oriented services.
- A real strength of the CSS planning process has been the stakeholder process with a clear dedication to implementing services in conformance with that stakeholder planning process.
- At the most recent Director's meeting, Bruce Bronzan and Afshin Khosravi from Trilogy Integrated Resources, spoke about the Network of Care roll out. The county websites for Network of Care have been developed and are active. The State rollout is planned for May, and this will be a valuable resource to all counties and an importance resource for the Planning Council to learn about.
- State mandate claims for FY 2004/05 and 2005/06 are budgeted at \$60 million each. In October of 2005, the Controller's Office made pro-rated payments for those county agencies that had submitted FY 2004/05 claims. The claims totaled \$82.5 million so each county got about 73 percent. On March 16th of 2006, the Controller's Office sent out the \$60 million for FY 2005/06, again pro-rated. The estimated claims submitted in January of 2006 totaled \$84.5 million. Each claiming county got about 70 percent of its estimated claims. There has not been a substantial change or new plan developed at this point.

Comments

- Ed Walker requested the total outstanding unpaid state mandated cost claims starting when the Davis Administration suspended mandated cost claiming in FY 2001/02. At that time, there was in excess of \$100 million of routinely submitted mandated cost claims. This information would be useful to the Planning Council and would help to inform its advocacy role.
- Susan Mandel expressed deep concern about the EPSDT audits. The issues affect everyone, not just community based organizations, because the State maintains that this sampling methodology is appropriate. One major issue is that the sampling methodology was used on Medicare, and mental health does not bill the way Medicare bills. The other issue relates to software. The State admits there is no fraud or abuse, and now the situation is community based agencies will go out of business. EPSDT growth is now below the rest of Medi-Cal's growth. San Fernando Child Guidance had a \$700 disallowance that got extrapolated to \$444,000. Abbott indicated that this issue will be included on the list of leadership items to address with Stephen Mayberg as well as to find out if there is an appeals process.

Report from the California Association of Local Mental Health Boards and Commissions (CALMHBC)

Cary Martin, President, provided the following report on the activities of the CALMHBC:

- Stephen Mayberg spoke about the future of the mental health boards and commissions at the January CALMHBC meeting, which resulted in a reinvigoration of the CALMHBC with renewed interest in committees, training, organization, and a genuine interest to support and strengthen the mental health boards to better execute their mandate. The CALMHBC just completed its traditional spring training and agreed on some very positive changes for the next round of trainings, which has been discussed with Ed Diksa at CIMH.
- Martin expressed appreciation to Ed Walker for his participation and presentations in the trainings around the state. The CALMHBC held its first full board meeting on Thursday night and received many ideas and proposals. There was amicable resolution to include continued focus on committees and outreach and training with an emphasis on support of each individualized mental health board's needs.
- The duties of the CALMHBC are done without an office or staff. It would be so much easier with support.

Presentation: What We Can Learn from CATIE (Clinical Antipsychotic Trials of Intervention and Effectiveness)?

Alex Kopelowicz, MD, Medical Director, San Fernando Mental Health Center and Associate Professor of Psychiatry, David Geffen School of Medicine, University of California, Los Angeles, gave a presentation on the landmark CATIE study, which compared the effectiveness and side effects of five medications, an older medication (perphenazine) and four new medications (olanzapine, quetiapine, risperidone, and ziprasidone). The results of the study were published in the September 2005 New England Journal of Medicine.

The meeting was adjourned at 12:35 p.m.

Respectfully submitted,

Cindy Walker
Associate Mental Health Specialist